

HUMAN SERVICES DEPARTMENT[441]

Adopted and Filed

Pursuant to the authority of Iowa Code section 249A.4, the Department of Human Services amends Chapter 79, “Other Policies Relating to Providers of Medical and Remedial Care,” Iowa Administrative Code.

Historically, since the habilitation services program began, the upper rate limit for hourly services has been considered to be set higher than the actual cost and the daily rate cap has been considered to be set too low, resulting in providers’ submitting requests for exception to policy to exceed the daily home-based habilitation services upper rate cap. These amendments balance the rates.

These amendments:

1. Increase the daily rate cap for home-based habilitation services from \$105.97 to \$200.
2. Change the definition of a daily unit of service for home-based habilitation services from 14 hours to 8 or more hours. A daily unit of service will be when 8 or more hours of direct services are provided during a 24-hour period on average over the course of a calendar month.
3. Maintain the hourly rate cap and limits for home-based habilitation services.
4. Limit the total daily cost for hourly home-based habilitation services to no more than the daily rate cap set for home-based habilitation services.

Notice of Intended Action was published in the Iowa Administrative Bulletin as **ARC 0436C** on October 31, 2012. The Department received no comments. These amendments are identical to those published under Notice of Intended Action.

These amendments do not contain any waiver provisions because the Department has an established procedure for considering exceptions to policy. A waiver of any of these rules may be requested through that process. In addition, requests for the waiver of any rule may be submitted under the Department’s general rule on exceptions at 441—1.8(17A,217).

After analysis and review of this rule making, no impact on jobs has been found.

These amendments are intended to implement Iowa Code section 249A.4.

These amendments will become effective April 1, 2013.

The following amendments are adopted.

ITEM 1. Amend subrule **79.1(2)**, provider category “Home- and community-based habilitation services,” as follows:

Provider category	Basis of reimbursement	Upper limit
Home- and community-based habilitation services:		
1. No change.		
2. Home-based habilitation	Retrospective cost-related. See 79.1(24)	\$46.70 per hour not to exceed <u>\$6,083 per month</u> , or <u>\$105.97 \$200</u> per day.
3. to 5. No change.		

ITEM 2. Amend paragraph **79.1(24)“a”** as follows:

a. *Units of service.*

- (1) No change.
- (2) A unit of home-based habilitation is one hour (for up to 7 hours per day) or one day (for 8 or more hours per day), based on the average hours of service provided during a 24-hour period as an average over a calendar month. Reimbursement for hourly services shall not exceed the upper limit for daily home-based habilitation services set in 79.1(2). ~~EXCEPTIONS:~~

1. ~~A unit of service is one day when a member receives direct supervision for 14 or more hours per day, averaged over a calendar month. The member's comprehensive service plan must identify and reflect the need for this amount of supervision. The provider's documentation must support the number of direct support hours identified in the comprehensive service plan. The daily unit of service shall be used when a member receives services for 8 or more hours provided during a 24-hour period as an average over a calendar month. The hourly unit shall be used when the member receives services for 1 to 7 hours provided during a 24-hour period as an average over a calendar month.~~

2. ~~When cost-effective, a daily rate may be developed for members needing fewer than 14 hours of direct supervision per day. The provider must obtain approval from the Iowa Medicaid enterprise for a daily rate for fewer than 14 hours of service per day. The member's comprehensive service plan must identify and reflect the need for the amount of supervision and skills training requested. The provider's documentation must support the number of direct support hours identified in the comprehensive service plan.~~

(3) to (6) No change.

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EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 2/6/13.